



RCE/2700  
CA

**REQUEST  
FOR  
CONTINUED EXAMINATION (RCE)  
TRANSMITTAL**

Subsection (b) of 35 U.S.C. § 132, effective on May 29, 2000,  
provides for continued examination of an utility or plant application  
filed on or after June 8, 1995.  
See The American Inventors Protection Act of 1999 (AIPA).

Application Number	09/211942
Filing Date	December 15, 1998 #
First Named Inventor	Jim A. Larson 28
Group Art Unit	2673 Butte
Examiner Name	Amare Mengistu
Attorney Docket Number	884.078US1
Customer No.	21186

This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application entitled POINTING DEVICE WITH INTEGRATED AUDIO INPUT.

Submission required under 37 C.F.R. § 1.114

1. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on .
2. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on .
3. ☒ An Amendment and Response Under 37 CFR § 1.116 ( 27 pages ) is enclosed.
4. ☐ A new power of attorney ( pages ) is enclosed.
5. ☒ An Information Disclosure Statement is enclosed ( 2 pages ).
  - a. 1 Form(s) 1449
  - b. 2 Copies of IDS Citations
6. ☒ Authorization to charge Deposit Account No. 19-0743 in the amount of \$770.00 to pay the RCE filing fee required under C.F.R. § 1.17(e).
7. ☒ **The Commissioner is hereby authorized to credit overpayments or charge any fees set forth in 37 CFR §§ 1.16 through 1.18 to Deposit Account No. 19-0743.**
8. ☐ A Petition for Extension of Time in the prior application ( pages ) is enclosed along with a check in the amount of to pay the extension fee.
9. ☒ Others: proposed amended Figs. 7 and 8, each identified as "REPLACEMENT SHEET" (2 pgs.).

**RECEIVED**  
**APR 15 2004**  
**Technology Center 2600**

SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A.

04/13/2004 SZEWDIE1 00000159 190743 09211942

01 FC:1801 770.00 DA

By: Ann M. McCrackin  
Atty: Ann M. McCrackin  
Reg. No. 42,858

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Attn-Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 8 day of April 2004.

KACIA LEE  
Name

Kacia Lee  
Signature

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	27 minus 0 = *	0
INDEPENDENT CLAIMS	5 minus 0 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X43=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+280=	
TOTAL	770.

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 24	Minus ** 27	= 0
Independent	* 4	Minus *** 5	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+280=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.